

CERTIFICATE PROGRAM IN INTERACTIVE TECHNOLOGY AND PEDAGOGY

I would like to be considered a registered student in the Certificate Program in Interactive Technology and Pedagogy at The Graduate Center.

Name: _____ Date: _____

PH.D. Program: _____

Sem/Year Admitted to GC: _____ Student Number: _____

Level I _____ Level II _____ Level III _____

Address: _____

Day phone _____ Evening phone: _____

E-mail and website address: _____

TECHNOLOGY SKILL LEVEL

Note: easy and comfortable familiarity with Windows, Microsoft Office Suite and Internet browsers is assumed and considered to be a basic requirement for acceptance in this certificate program.

Rate Experience level with the following from 1 to 4
(1 = no experience and 4 = high level of experience)

Microsoft Windows: _____ Microsoft Office Suite: _____

HTML programming: _____ Internet web browsers and search engines: _____

Macintosh platform: _____ Unix/Linux platform: _____

Please list other specialized computer skills you have:

[For Office Use]

CERTIFICATE REQUIREMENTS

Courses

Completed

* ITCP 70010 Core Course on the History, Theory, and Practice of Interactive Media _____

* ITCP 70020 Core Course on Interactive Technology and the University:
Theory, Design and Practice _____

*ITCP 89010 Independent Study (one of 4 options) _____

Option 1. _____ Option 2 _____ Option 3 _____ Option 4

(* = required courses)

Workshops (a minimum of three must be taken to receive the certificate): _____

Name and Date attended:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

Advisor/Committee: _____

Date Certificate completed: _____

Date Doctoral Degree Awarded: _____

(Please return to Leila Walker, Assistant Program Officer, Room 7301, The Graduate Center, CUNY, 365 Fifth Avenue, New York, NY 10016)